

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2017
NAME OF PROVIDER OR SUPPLIER WYNDRIDGE HEALTH AND REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 456 WAYNE AVENUE CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observation on 07/18/2017 at 9:44 AM, revealed walls in the boiler room next to laundry were not sealed to the deck. NFPA 101, 8.3.5 (2012 Edition)</p> <p>2. Observation on 07/18/2017 at 9:45 AM, revealed a wall in the boiler room next to laundry was damaged and had a conduit partially protruding for the most of the width of the wall. NFPA 101, 8.3.5 (2012 Edition)</p> <p>Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 07/18/2017.</p>	N 831	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected:</p> <p>It was determined that no residents were Adversely affected by this deficiency</p> <p>2. How you will identify other residents having the Potential to be affected by the same deficient Practice and what corrective action will be taken</p> <p>All residents of the facility have the potential to be affected.</p> <p>3. What measures will be put into place or what Systematic changes you will make to ensure that the Deficient practice does not occur:</p> <p>Observation 1. Maintenance department will seal walls In Boiler room with 3M CP25 WB+ Caulk. 8/25/17</p> <p>Observation 2. Maintenance department will be replacing Wall and relocating conduit. 8/25/17</p>	
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other</p>	N 848		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

HBX821

If continuation sheet 1 of 2

Division of Health Care Facilities

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N 848	Continued From page 1 such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on testing the facility failed to maintain proper air pressure where required. The findings included: Testing on 07/18/2017 at 10:49 AM, revealed no negative air pressure in room 219. Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 07/18/2017.		4. How the corrective action(s) will be monitored to Ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place Maintenance Director, Assistant Maintenance Director and/or maintenance Staff will monitor fire walls for penetration On monthly Check list. Maintenance Director and Assistant Maintenance Will monitor all night Lights on monthly check List. Results will be reported to QAPI Committee including Administration, Director Of nursing, Assistant Director of Nursing, Medical Director, Pharmacist, Risk Manager, Unit Managers, Director of Respiratory services, Therapy Manager, Dietary Manager Social Services, Maintenance Supervisor, Admissions Environmental services and Activities.	
		N848	1. What corrective action(s) will be accomplished for those residents found to have been affected: It was determined that no residents were Adversely affected by this deficiency 2. How you will identify other residents having the Potential to be affected by the same deficient Practice and what corrective action will be taken All residents of the facility have the potential to be affected.	

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N 848	Continued From page 1	N 848	<p>3. What measures will be put into place or what Systematic changes you will make to ensure that the Deficient practice does not occur:</p> <p>Maintenance department repaired exhaust fan in room 219.</p> <p>7/31/17</p> <p>4. How the corrective action(s) will be monitored to Ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Maintenance Director, Assistant Maintenance Director and/or Maintenance staff will monitor negative exhaust Fans on monthly Check list.</p> <p>Results will be reported to QAPI Committee including Administration, Director Of nursing, Assistant Director of Nursing, Medical Director, Pharmacist, Risk Manager, Unit Managers, Director of Respiratory services, Therapy Manager, Dietary Manager Social Services, Maintenance Supervisor, Admissions Environmental services and Activities.</p>	